Youth Services Criminal Record Check Request

This request must be completed and submitted by all applicants for employment or volunteer/intern services. The information solicited on this request shall be used only as an investigative and identification aid to evaluate suitability for appointment or volunteer/intern services with this unit. Written consent must be given for release of information contained herein, provided that if the investigation discloses participation in criminal acts, unlawful or illegal activities, this guarantee of confidentiality is null and void.

PLEASE PRINT OR T	ГҮРЕ	□ Annual Review□ Special Agent Statu	☐ Pre-Employment us ☐ Volunteer/Intern	
Name: (First, Middle, Last)				
List any other names you have used:				
SS#:	Height:	Weight:	Hair Color:	Eye Color:
Date of Birth:	Place of Birth:		Gender:	_ Ethnic Origin:
If additional space is required to complete answering a question, use <i>the reverse</i> side of this form.				
List current and previous home addresses for the past ten years in chronological order. Account for all time.				
Date (Mo/Yr)	Address			
				
Do you possess a valid	Driver's	State:	Date Issued:	Expiration Date:
driver's license?	License #:	Z tate.	2 att 188aca.	
Yes No				
Have there been any judgments against you as a result of an accident? Yes No				
Have you had your driver's license suspended or revoked? Yes N				
Have you ever been arrested or convicted of any law violation, including federal or state fish and game				
Laws? (Exclude minor traffic violations) Yes No				
Have you ever been on Probation or Parole? Yes No				
Explain "Yes" answers below: give details, reasons, dates, locations, etc. (If you need additional space, use the reverse				
side of this form.)				
Place of employment and				
	Branch:	Dates of Service:		Type of Discharge:
the military?			Attained:	(Attach copy of DD214)
Yes No				
List any organizational affiliation to which you belong and include full name and address. (Exclude any church organizations.)				
Have you ever worked for a law				
enforcement-related agency? rejections, if known:				
Yes	No			
List three persons who may be contacted for professional and/or character references:				
Name	Addre		Telephone #	Place of Employment
2	Addit	288	relephone #	race of Employment
Name	Addre	ess	Telephone #	Place of Employment
3				
Name	Address		Telephone #	Place of Employment
I certify that the information I have provided herein is complete and true to the best of my knowledge. I know that any				
misrepresentation herein may cause my application to be rejected; my name removed from consideration for employment or volunteer/intern services or subject me to dismissal from state service.				
	and the to dis			
			Applicant's Signatur	re Date